

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155669		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/28/2012	
NAME OF PROVIDER OR SUPPLIER RIVERVIEW TCU				STREET ADDRESS, CITY, STATE, ZIP CODE 395 WESTFIELD RD TCU NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: June 25, 26, 27, and 28, 2012</p> <p>Facility Number: 011046 Provider Number: 155669 AIM Number: N/A</p> <p>Survey Team: Heather Lay, RN - TC Melanie Strycker, RN</p> <p>Census Bed Type: SNF: 13 Total: 13</p> <p>Census Payor Type: Medicare: 13 Total: 13</p> <p>Sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/2/12 Cathy Emswiller RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=C	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure potentially hazardous chemicals were not accessible to residents. This deficient practice had the potential to affect 13 residents currently residing in the rehabilitation facility. (Residents #6, #7, and #11)</p> <p>Findings include:</p> <p>During the initial tour of the facility at 11:30 a.m., on 6/25/12, with the Director of Nursing [DoN], three 3-drawer isolation carts were observed in the hallway. Sitting on top of each cart were Sani-wipes (pre-moistened cloth wipes in a round plastic dispenser) and Kimcare hand sanitizer.</p> <p>In an interview at that time, the DoN indicated these three residents resident's # 6, # 7, and # 11, were on contact isolation [staff and visitors must observe special precautions when entering these resident rooms].</p>		F0323	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. This provider requests a Desk review in lieu of a Post Survey revisit. Our date of compliance is: 7/14/2012 F 323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES: It is the practice of his provider to ensure potentially hazardous chemicals not be accessible to patients. 1. WHAT CORRECTIVE ACTION(S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE; Resident #6, #7 and # 11 have been discharged. All alleged hazardous chemicals were</p>		07/14/2012	

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	<p>During the general tour of the environment with the Administrator at 10:05 a.m., on 6/26/12, three 3-drawer isolation carts were observed in the hallway. Sitting on top of each cart were Sani-wipes and Kimcare hand sanitizer. The labels of both items indicated, "Keep out of reach of children."</p> <p>In an interview at that time, the Administrator indicated that Riverview Hospital's infection control department had placed and stocked the isolation carts for these residents.</p> <p>At daily conference on 6/26/12, at 11:30, the Material Safety Data Sheets (MSDS) for the Sani-wipes and the Kimcare hand sanitizer were requested. Also requested was the facility's policy for storing these items.</p> <p>At 9:25 a.m., on 6/27/12, the Administrator provided a document titled, "MATERIAL SAFETY DATA SHEET..." "Sani-Cloth HB Germicidal Disposable Wipe." Also provided was a document titled, "SAFETY DATA SHEET..." "KIMCARE* Moisturizing Instant Hand Sanitizer (New Formula)."</p> <p>In an interview at that time, the Administrator indicated the facility did not have a policy for storing these items</p>		<p>immediately removed from the isolation carts and placed behind locked cabinets/doors for storage.</p> <p>2. HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS(S) WILL BE TAKEN; All residents in Isolation have had the alleged hazardous chemicals removed from the isolation carts and placed behind locked cabinets/doors for storage.</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR; The systemic change is that the facility will review residents on isolation to determine there are no hazardous chemicals left on the isolation carts. Education will be provided to all licensed staff regarding keeping hand sanitizer in a secured area.</p> <p>4. HOW THE CORRECTIVE ACTIONS(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, i.e., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE; The DON or designee will audit residents' isolation carts 5 times per week for 30 days, then 5 times per month for 150 days, then 3 times per month for 180 days to total 12 months.</p>				

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	<p>and that the hospital's infection control department had always provided and set up these items.</p> <p>The Sani-Cloth documents were reviewed at that time and included, but were not limited to, the following information:</p> <p>"Toxicological Information..." "Effects of acute exposure..." "Eye...Causes irritation." "Skin...May cause irritation."</p> <p>At 9:45 a.m., on 6/27/12, the hand sanitizer documents were reviewed and included , but were not limited to, the following information:</p> <p>"Toxicological Information..." "Effects of acute exposure..." "Eye...Causes irritation." "Skin...May cause irritation."</p> <p>3.1-45(a)(1)</p>				<p>Results of report findings will be reported to the QA committee monthly for 12 months. After 100% compliance is reached the QA committee will determine the frequency of continued monitoring. 5. WHAT DATE THE SYSTEMIC CHANGES WILL BE COMPLETED.</p> <p>Systemic changes will be completed by July 14, 2012</p>		

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview, and record review, the facility failed to maintain equipment, fixtures, walls, and floors in a clean, sanitary manner in 1 of 1 kitchen. This deficient practice had the potential to affect 13 of 13 residents who ate meals from the kitchen.</p> <p>Findings include:</p> <p>1. During the initial observation of the kitchen on 6-25-12 at 11:45 A.M., the electrical outlet and the top of the partial wall behind the toaster were observed to contain a build-up of dust. On the floor in this same area were food debris and two pieces of a broken bowl.</p> <p>2. At the opposite end of the food preparation area behind the deep-fryer the partial wall was observed to contain a build-up of dust.</p> <p>3. A metal rack adjacent to the food preparation area contained clear plastic containers stacked together. One of ten</p>		F0371	<p>F 371 FOOD PROCURE, STORE/PREPARE/SERVE-SANI TARY; It is the practice of this provider to ensure that food will be stored, prepared and distributed under sanitary conditions. 1. WHAT CORRECTIVE ACTION(S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE; 1. The dust on the outlet covers, wall, and floor were cleaned immediately. The broken china was immediately removed. The pans on the clean rack containing moisture and residue were removed and re-washed. The excess pans from the clean rack were immediately removed. The vendor for the dishwasher serviced the dishwasher on 6/27/2012 to ensure proper functioning. 2. HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS(S) WILL BE TAKEN; All residents receiving meals from the dietary</p>		07/14/2012	

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	<p>4-quart containers and five of six 4-liter containers contained moisture.</p> <p>4. A metal rack adjacent to the food preparation area contained quarter-pans stacked together. Three of twenty-seven 2-inch pans and one of twelve 6-inch pans contained moisture.</p> <p>During an interview at this same time, the Dietary Supervisor indicated the items were clean. He indicated items are air-dried after being washed.</p> <p>5. Another metal rack contained stacks of skillets. One of 14 small skillets was observed to contain food residue.</p> <p>During daily conference at 1:30 p.m., the facility's cleaning policy for the kitchen was requested.</p> <p>At 9:00 a.m., on 6/26/12, the Administrator provided a document titled, "Food and Nutrition Services Sanitation Inspections." This document was reviewed at that time and included, but was not limited to, the following information:</p> <p>"Policy: It is the policy of the Food and Nutrition Services Department at Riverview Hospital to complete sanitation inspections at least weekly to evaluate the</p>		<p>department have the potential to be affected. All dietary staff have been educated regarding the cleaning schedule. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR;</p> <p>The systemic change includes cleaning assignments will be assigned to staff daily and monitored by administrative staff that the assignments were completed. This monitoring will be followed using sanitation inspection forms located in the Food Safety Tool Kit. All dietary staff have been educated on cleaning assignments. All newly hired dietary staff will receive education during orientation regarding cleaning assignments.</p> <p>4. HOW THE CORRECTIVE ACTIONS(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECURE, i.e., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE; The Administrator and or designee will audit sanitation inspection forms located in the Food Safety Tool Kit 5 times per week for 30 days, then 5 times per month for 150 days, then 3 times per month for 180 days to total 12 months of monitoring. Results of the audits will be reported to QA monthly for 12 months. After 100% compliance is reached the</p>				

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	<p>cleanliness and sanitation of the dry storage area, refrigerators/freezers, pot/pan washing area, dish room, food preparation areas, and the tray line area..."</p> <p>"Retail Food Establishment Sanitation Requirements Title 410 IAC 724" effective 11/13/04 indicates the following:</p> <p>"SEC 295. (a) Equipment food-contact surfaces and utensils shall be clean to sight and touch. (b) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations...."</p> <p>"SEC 431. (a) The physical facilities shall be cleaned as often as necessary to keep them clean. (b) Cleaning shall be done during periods when the least amount of food is exposed...."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>		<p>QA committee will determine the frequency of continued monitoring. 5. WHAT DATE THE SYSTEMIC CHANGES WILL BE COMPLETED. These systemic changes will be completed by 7/14/2012.</p>				